



COMMONWEALTH OF MASSACHUSETTS
LABOR RELATIONS COMMISSION
PETITION FOR
CLARIFICATION OR AMENDMENT

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

The petitioner hereby requests that the Commission proceed under the authority of M.G.L. c.150E, Section 4 or M.G.L. c.150A, Section 5(c). File an original plus two(2) copies of this form with the Commission.

1. Petitioner (Check one):

☐ Employee Organization seeking clarification or amendment of a recognized or certified bargaining unit.

☐ Employer seeking clarification or amendment of a recognized or certified bargaining unit.

2. Employer

3. Representative to contact

5. Telephone Number

4. Address (street and No., city/town, state, and ZIP code)

6. Fax Number

7. Employee Organization

8. Representative to contact

10. Telephone Number

9. Address (street and No., city/town, state, and ZIP code)

11. Fax Number

12. Describe existing bargaining unit (attach additional sheets if necessary):

Included

Excluded

Attach a copy of the most recent certification and/or current recognition clause.

12a. No. of employees in existing unit

12b. The incumbent Employee Organization was: originally

☐ Recognized

☐ Certified

☐ Don't Know

13. Date on which the incumbent Employee Organization was first Recognized or Certified (If Certified, include case No., if known)

14. Expiration date of most recent collective bargaining agreement

15. List the case Nos. of any prior CAS petitions relevant to this bargaining unit.

16. Title of disputed position(s) (attach position description(s), if available)

Date position was created

17. Date on which the Employee Organization first learn of the existence of the position(s)

18. No. of employees in the proposed unit

19. Are any of the positions included in another bargaining unit? If yes, list the name(s) and address(es) of the Employee Organization(s) that represent the position(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Note: You must serve a copy of this petition on all Employee Organizations known to have an interest in any of the petitioned-for positions.</i>		

Answer the following questions for each of the positions listed in Question No. 16. Attach additional sheets if necessary		
20. Have there been changes to the job duties since the position was created? If yes, explain (including the date on which any changes occurred)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Was the position in existence prior to the negotiations for the most recent collective bargaining agreement? If yes, explain what, if any, discussions the parties had concerning the unit placement of the position	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Explain why the position should/should not be included in the existing bargaining unit		

DECLARATION

I have read the above petition and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

Name (print)	Signature	Title (if any)
Address (street and no., city/town, state, and ZIP code)		Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Petition on the following representative of the opposing party.

Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
Method of Service <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Signature of Person making Certification		Telephone Number